



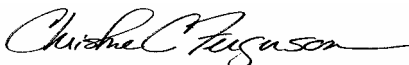
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CHRISTINE C. FERGUSON
COMMISSIONER

To: Chief Executive Officers, Massachusetts Acute Care Hospitals
From: Commissioner Christine Ferguson, 
RE: Management of Emergency Department Patients Awaiting Admission
Date: January 6, 2005

Over the past five years The Department of Public Health (Department) has been working collaboratively with the Massachusetts Hospital Association and other stakeholders on initiatives to address problems associated with Emergency Department (ED) overcrowding, patient boarding, and ambulance diversion. This letter is one of an ongoing series that communicates to hospitals the Department's expectations regarding policies that address these ED issues.

We expect that all hospitals will have reviewed the following documents and have incorporated them into their own policies and procedures:

- Best Practices and Measures to improve bed flow and decrease Emergency Department boarding and overcrowding
- Uniform Standards and Definitions for hospital and pre-hospital providers to assure that all have a common understanding of policies and expectations regarding boarding and diversion.
- A triggered intervention disaster plan outlining steps for hospitals, regional EMS systems, and pre-hospital providers to follow to accommodate a surge in either inpatient or outpatient volume

These documents have been distributed previously and are available on the Department's web site at <http://www.mass.gov/dph/bhqm/ambdiv.htm>. In addition to these policies and procedures, all hospitals are collaborating with the EMS regions in maintaining the real time diversion status web site.

The goal of all of these efforts is maintain the hospitals' capacity to accept and manage new patients presenting for emergency care, which requires that hospitals move admitted patients out of the ED as quickly and safely as possible. This year, to facilitate the expeditious movement of patients out of the ED, the Department has reviewed the widely discussed approach of temporarily placing stabilized patients admitted through the ED, onto inpatient

floors, where they can be monitored by nursing staff while waiting for a bed to become available.

Recognizing that receiving care on an inpatient unit is usually preferable to receiving care while boarding in the ED, the Department will endorse this practice, and expects that hospitals will implement this option as appropriate, as one of many strategies to prevent boarding in the ED. In order to assure the safety of patients, hospitals that adopt this practice must have developed protocols approved by their governing bodies that address issues identified in Addendum A (see attached).

We are confident that this new policy will be a useful addition to each hospital's toolkit for addressing ED overcrowding, and have revised the triggered intervention/saturation gridlock disaster plan to incorporate this new policy.

Addendum A

Protocols for Hospitals regarding Care of Admitted Patients Being Held on Units Awaiting Bed Placement

1. The hospital must maintain compliance with local, state and federal safety regulations, including the requirement that the means of egress is maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The health care occupancy's fire plan and training program must address the prompt relocation of patients during a fire.
2. The placement of patients held in corridors must not hinder access to fire exits or obstruct the flow of corridor traffic or result in equipment and/or supplies being stored in hallways or stairwells.
3. The hospital must develop, implement and monitor written policies and procedures that ensure patient safety, security and privacy. Such policies and procedures must address:
 - Identification of units authorized to receive patients who are admitted and awaiting bed placement. All units on which patients require specialized monitoring (e.g., Intensive Care Units (ICU), Coronary Care Units (CCU), Trauma Units), must be excluded from use of these protocols.
 - Identification of the maximum number of patients awaiting bed assignment that may be held on any unit.
 - Identification of the specific location(s) on the unit for bed placement, including consideration for patient safety and privacy.
 - Development of criteria to identify patients eligible for transport and holding on identified units. Such criteria must be solely clinical in nature and shall not reflect patient payment status or source of payment. Patients requiring isolation or cohorting based on presence of infectious disease are also exempt.
 - Adequate communication and sharing of patient information between the staffs of the Emergency Department (ED) and the holding unit.
 - Coordination of patient care with the service to which the patient has been admitted.
 - Patient equipment needs (e.g., nurse call bells, emergency oxygen/suction).
 - Development of patient care protocols to ensure delivery of safe and effective patient care, assessment and monitoring, and confidentiality of patient information.
4. Any hospital that uses patient census and acuity status in calculating staffing levels must include 'corridor patients' in its calculation.

5. ED and unit staff must be oriented and receive ongoing education regarding policies for transporting and holding admitted patients on inpatient units.
6. The hospital's quality assurance program (QA) and safety programs must monitor the effect of this practice on patient outcomes and satisfaction.